

F. Agency Responsiveness to Community

F.1. Collaboration with External Stakeholders: Discuss how effectively the State has been in meeting the requirement to consult and coordinate with external community stakeholders in the development of the State's Child and Family Services' Plan (CFSP). In responding, discuss how the concerns of the stakeholders are addressed in the agency's planning and operations and their involvement in evaluating and reporting progress in the agency's goals.

Missouri's Children's Division (CD) has strived toward being inclusive in its planning and feedback processes. Stakeholder and community partner input has been sought through various standing advisory groups, committees, task forces, policy and program work groups, and planning sessions.

State's Child and Family Services' Plan

The Title IV-B group consists of nine external partners and three internal managers. Due to budget constraints, the communication has been electronically. This method of feedback has been successful. The Title IVB Advisory Group was established to fulfill regulations of the Social Security Act. The mission and purpose of the Advisory Group is to give input into the development of the Title IVB plan and to provide feedback on the status of children and families and the performance of child welfare service systems. The group consists of representation from:

- University of Missouri, School of Social Work
- United Way
- Family Court
- Citizens for Missouri's Children
- Prevent Child Abuse Missouri
- Foster Care and Adoption Association
- Department of Mental Health
- Children's Treatment Service Providers
- Children's Justice Act Task Force
- State Youth Advisory Board
- Missouri Public Safety Commission
- Department of Elementary and Secondary Education
- Office of State Court Administration
- Faith Community
- Department of Health and Senior Services
- Children's Division Management, representing Foster Care and Adoption, Investigations, Family Centered Services, and Quality Improvement.

Representatives from the above categories also serve on the federal Child and Family Services Review external partnering committee.

Chaffee Plan

Certification E of Section 477(b)(3)(E) requires states to provide "all interested members of the public at least 30 days to submit comments on the plan." The interested members were those who attended the grant planning meeting and other individuals who needed the Chaffee information. All members were given the opportunity to comment. A draft copy of the plan was sent to those who attended the meeting, all 45 judicial circuits, Office of the State Courts Administration (OSCA), Missouri Juvenile Justice Association (MJJA), and all Transitional Living Provider (TLP) contractors. They were given thirty days to send their comments by written correspondence or by phone. The comments were summarized and identified in the multi-year Chaffee plan.

Children's Justice Act Task Force

The Missouri Children's Justice Act Task Force membership is comprised of: law enforcement; judges and attorneys involved in both civil and criminal court proceedings related to child abuse and neglect; child advocates, including both attorneys for children and, where such programs are in operation, court appointed special advocates (CASA); health and mental health professionals; individuals representing child protective service agencies; individuals experienced in working with children with disabilities; and representatives of parents' groups. The task force reviews and evaluates state investigative, administrative and both civil and criminal judicial handling of cases of child abuse and neglect. The task force at times acts as an Advisory Committee in which the task force will review, provide input, and evaluate Children's Division's priorities and progress. The task force routinely makes policy and training recommendations to the Children's Division.

The task force also acts as a Citizen Review Panel, of which their duties include the following:

- Reviewing the Children's Division's compliance with the State Child Abuse Prevention and Treatment Act (CAPTA) Plan; child protection standards;
- Assisting the Children's Division in the coordination of foster care/adoption program;
- Assisting in the review of child fatalities and near fatalities;
- Examining policies, procedures and where appropriate, specific cases; and
- Generating an annual report to be released to the public

The Citizen Review Panel has access to any Children's Division case files and records necessary to the performance of its responsibilities. All members of the task force are subject to the confidentiality provisions set forth in the Revised Statutes of the State of Missouri, Section 210.150, RSMo.

Child Death Review Teams

The Child Fatality Review Panel is established in Missouri Revised Statutes, Chapter 210, Child Protection and Reformation, Section 210.192 and Section 210.195. Child Fatality Review Panels are established on the local and state levels.

County Level Panels: The Prosecuting attorney or circuit attorney shall impanel a CFRP for the county or city to investigate the deaths of children under the age of eighteen, who are eligible to receive a live birth certificate. Each county/city level panel includes, but not limited to the following: Prosecuting attorney; Coroner/Medical Examiner; Law enforcement; Children's Division representative; Public Health Care Services provider; Juvenile Court representative; Emergency Medical Services provider.

The State Level Panel: plays an essential role in this process and is charged with the responsibility of providing oversight and recommendations to the DSS, STAT and the Department of Health and Senior Services (DHSS). DSS and DHSS is then mandated to make recommendations and develop programs to prevent childhood injuries and deaths. Quarterly, STAT and our division meet to review cases to strategize on ways to improve our systems. Recommendations are provided to the Children's Division on policy and practice changes.

Roundtable Discussion

Strengths

- *Missouri has a history of utilizing stakeholders to assist in reviewing division policy and practice.*
- *External stakeholders have been involved throughout the CFSR statewide assessment process*

Challenges Identified

- *Limited finances to hold face-to-face meetings when developing the Title IV-B plan.*
- *Limited success in finding effective ways to fully engage external stakeholders in developing Title IV-B plan.*

Recommendations for Improvement

1. *When the state plan is developed, CJA should be included in the review of IV-B, with opportunity for input on effectiveness and recommendations.*
2. *Include a grandparent representative for IV-B state plan review team.*

F.2. Collaboration of Services with Other Agencies: Discuss how effective the State has been in meeting the State Plan requirement to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families.

Caring Communities

Missouri's implementation of the federal Family Preservation and Family Support Services Act included the creation of the Community Partnerships and Caring Communities across the state.

Community Partnerships were created to develop community-wide collaboratives that serve as focal points for organizing and financing services for families and children.

State agencies of the Department of Corrections, Economic Development, Elementary and Secondary Education, Health, Labor and Industrial Relations, Mental Health, and Social Services have entered into partnerships with identified state communities to consolidate and integrate planning, financing, and accountability, especially for Caring Communities in their counties.

Community Partnerships are unique from one another in their strengths, resources, and needs. Communities have been encouraged to build on existing collaboratives that could enhance their functioning as a Community Partnership. Community Partnerships are composed of community stakeholders, including those who have a legal mandate to provide for the well-being of citizens (such as local government, school boards, and public agencies), as well as parents, private citizens, businesses, religious and civic leaders; and representatives of agencies, neighborhood associations, councils, organizations, and other collaborative bodies. The structure and composition of a Community Partnership reflects each community's individuality and culture, and substantial involvement of parents/consumers is expected.

Caring Communities is a community-wide approach providing schools, neighborhoods, and public agencies a mechanism to link services and supports to achieve better results for children and families. Caring Communities tailor services to the specific needs of children, families, and neighborhoods with the goal of supporting personal responsibility and family empowerment. Services are coordinated and delivered within neighborhoods and are designed to achieve the six core results: parent employment, safety of children in their families and community, children ready to enter school, children and families are healthy, children and youth successful at school, youth ready to enter the work force and become productive citizens.

Transition from Prison to Community Initiative (TPCI)

A TPCI model, developed through the National Institute of Corrections, is providing a philosophical framework in Missouri for stakeholder agencies to promote common interested, integrate services, and improve the overall offender transition process. On September 10, 2002, an inter-department planning meeting was held concerning offender transition. The Department of Corrections, Department of Mental Health, Department of Economic Development, Department of Social Services, Department of Health and Senior Services, and Office of the State Courts Administrator participated in this meeting.

The four principal objectives of this initiative are: 1) Improve access to parenting information and referral for incarcerated fathers; 2) Increase parenting education and support for incarcerated fathers; 3) Improve short-term and long term visitation experiences of incarcerated fathers and their children; and 4) Increase the capacity of incarcerated fathers to provide financial support for their children.

The women's prisons based in Vandalia and Chillicothe are involved with the promotion of their children visitation movement. Volunteers are recruited to assist with transportation, supervision, and counseling (therapeutic visits) for children and their mothers. This is a pilot project that is being planned for all prison facilities.

The Family Support Division was awarded a grant funding for a federal demonstration project, the Incarcerated Fathers Collaboration Project later changed the name of the project to The Fatherhood Initiative. The primary goal of the project was to provide opportunities, resources, and supports to promote responsible fatherhood in order that fathers will assume emotional and financial responsibility of their children, both during and upon release from incarceration. Fathers scheduled for release within 18 months from the Western Reception, Diagnostic and Correctional Center in St. Joseph and Central Missouri Correctional Facility in Jefferson City will be offered voluntary participation opportunities.

Greenbook Initiative

The Greenbook Initiative, which promotes collaboration among community members to develop interventions and measure progress for improving responses to child maltreatment and domestic violence, is being piloted in St. Louis and Jackson Counties. The Family Court of St. Louis County and Jackson County Domestic Violence Coordinated Community Council are the lead agencies. The Departments of Justice and Health and Human Services will provide a grant over a three-year period. The David and Lucile Packard Foundation, the Edna McConnell Clark Foundation, and the Annie B. Casey Foundation provide funding for technical assistance to the demonstration sites.

The initiative is trying to achieve: 1) Increased safety and well-being for adult and child victims of abuse; 2) Increased accountability of batterers; 3) A comprehensive community service system with multiple points of entry to address the needs of a wide range of family circumstances; and 4) System change, within and between the primary partner agencies that incorporates best practices and Greenbook recommendations.

The initiative will be focusing in the following areas: 1) Cross-train in each of the three partner agencies regarding co-occurrence of domestic violence and child maltreatment; 2) Develop coordinated policies, procedures, and assessment protocols that will address both domestic violence and child maltreatment in the three partner agencies; 3) Develop confidential and secure ways to share information within and between partner agencies to effect better planning and case management; 4) Create community awareness about the need to provide a comprehensive array of accessible, culturally competent services that will respond to the unique strengths and concerns of families; and 5) Secure funding for a Community Liaison service to assist battered women achieving economic independence.

Sexual Abuse Forensic Exam-Child Abuse Resource and Education (SAFE-CARE) Advisory Group

The SAFE-CARE Advisory Group is comprised of medical providers (physicians and nurse practitioners), supported by Department of Health and Senior Services (DHSS) and the Children's Division, who are devoted to improving comprehensive and competent examination of child victims of physical and sexual abuse. The Advisory Group frequently will make agency policy and practice recommendations to both DHSS and our division. The Advisory Group also assists with training and maintaining the SAFE-CARE Network, which is made up of medical providers who share common interest in

such examinations of child victims. Each provider participates in a training session where they discuss such topics as sexual abuse examinations, court testimony, and child interview techniques. New providers are required to attend a one-day SAFE-CARE Network comprehensive training session. Current providers are required to participate in one SAFE-CARE training update. The Network maintains around 200 providers who conduct up to 2,000 examinations a year.

State Foster Care Advisory Committee

The Advisory Committee consists of one foster parent and one Children's Division employee from each administrative area with the exception of St. Louis City, St. Louis County and Kansas City, which have two foster parent representatives and two division employees, respectively. This group meets quarterly to address concerns and provide recommendations on how the foster care program is administered locally. This group also advocates for change and make recommendations within the system to make it more responsive to the needs of foster children and their resource families.

State Youth Advisory Board

The Missouri State Youth Advisory Board (SYAB) was established December 1992, with the first meeting being held on June 25, 1993. The SYAB meets on a quarterly basis. Each member of the board is an outstanding youth in foster care that represents other youth in his/her area of the state. Each area is allowed to have three (3) youth serve on the State Youth Advisory Board. The youth membership is divided evenly among IL Specialists, to assure that SYAB members are equally represented in their specific area as related to geographical size. Recognizing that each SYAB member represents all children and youth who have/are in Out-of-Home placements, each SYAB member is responsible for providing Children's Services policy and procedural input to DFS administrative staff/Juvenile Court. The SYAB decides what goals and activities they want to pursue for upcoming meetings and carry those out accordingly. The SYAB also works as a network by bringing back important information to the Area Youth Advisory Board (AYAB), who in turn, takes information back to ILP Specialists and youth in the IL classes. When recommended to serve on the SYAB, membership term is one (1) year, however, once a member; there are guidelines to follow in order to continue membership.

The mission of the SYAB is to empower Out-of-Home youth to provide input into the policies and procedures for Out-of-Home Care; to provide meaningful leadership training and experiences for board members; and to empower board members who, in turn, can empower children and youth who have experienced Out-of-Home Care.

Drug-Free Grant

The Drug Free Communities Grant was awarded to the City of St. Louis by the U.S. Justice Department, Office of Justice Programs. The grant began March 1, 2003, in cooperation with St. Louis City, Department of Public Safety, and the Department of Social Services, committing their efforts to prevent teen drug use. The St. Louis Neighborhood Stabilization Team (NST) is the lead agency that has surveyed 8,000 junior high and high school students, held neighborhood focus groups and strategic planning meetings. The survey results are being used to identify key risk factors, which

will assist in the development of drug prevention strategies. Currently three of our division staff are out-based at the Teen Center, which is in a school and is part of Caring Communities. Outcome results from the surveys and subsequent prevention strategies will be released during Fall 2003.

Perinatal Substance Abuse Advisory Committee

Missouri law established the Perinatal Substance Abuse Advisory Committee in 1991. This committee is charged with coordinating of services between Division of Family Services (DFS), Department of Health and Senior Services (DHSS), and the Department of Mental Health (DMH) to ensure a thorough assessment is conducted and appropriate services are implemented for women and children. The assessment process includes evaluation, care/treatment and educational components for women with children, with a goal of preventing substance abuse. The committee examines such agency policies and practices and strategize on ways to improve the system. The committee meets quarterly and membership includes representatives from each named agency as well as substance abuse treatment providers, court personnel, medical professionals and community partners.

Interdepartmental Initiative for Children with Severe Needs

The State of Missouri's desire to improve care for children with severe behavioral health needs (and their families) led to development of the Interdepartmental Initiative for Children with Severe Needs (hereinafter referred to as "Initiative"). The Initiative is a consortium of State of Missouri child-serving divisions from the Departments of Social Services, Mental Health, Health, and Elementary and Secondary Education. The Initiative represents the shared interests and objectives of these participating departments to meet the needs of children with severe behavioral health needs (and their families), across traditional interdepartmental boundaries.

Through the Initiative, the State's desire to develop an integrated financing structure to support locally integrated systems of services and supports has been implemented on a small scale. The Initiative blended resources from the current categorical funding streams of the member agencies. The Initiative used resources from participating child-serving divisions, pooled through an integrated financing structure, to support individualized, comprehensive, family-focused Plans of Care that included all services needed to deliver care to the targeted population of children and their families.

The Initiative was implemented as a pilot project in four (4) counties of Eastern and eighteen (18) counties of Central Missouri in 1999. As of March 31, 2003, the Initiative has served nearly 700 children and families, with 271 children and families currently being served. This geographically limited project case management contract, with Missouri Alliance for Children and Families, is due to expire June 30, 2004.

The Initiative has sought input from its member department and division staff persons throughout its lifetime. As with any new program, the input has resulted in continuous changes in process and changes in the paperwork that is required from the Care Management Organization, the Technical Service Organization, and other referring

agencies. As with any new and developing programs, it will be necessary to carefully evaluate and review outcomes of the children and families served. Outcome results are not available at this time.

System of Care

The System of Care (SOC) is an organized way to enable children with the most complex mental health needs to remain in their homes, schools and communities and receive the mental health services (psychiatric, mental retardation/developmental disabilities, alcohol and drug abuse) needed. SOC brings the right people together, at multiple levels, to develop resources and remove barriers for children with complex needs. The participants in the SOC from the State Level are: Family members; Department of Social Services, Division of Youth Services, Children's Division, and Division of Medical Services; Department of Elementary and Secondary Education, Division of Special Education, Division of Vocational Rehabilitation, Division of School Improvement; Courts and Office of State Courts Administrator; Department of Health and Senior Services, Bureau of Maternal, Child and Family Health; Department of Mental Health, Division of Comprehensive Psychiatric Services, Division of Alcohol and Drug Abuse, Division of Mental Retardation and Developmental Disabilities. The participant from the local level of SOC includes representative from the aforementioned state agencies, as well as, a variety of individuals representing many different organizations and interests.

Children with the most complex needs are frequently placed in costly out-of-home placement; they often experience multiple placements by multiple agencies; they are often failing at school and they are frequently involved with the juvenile justice system. No one agency has the ability and/or resources to adequately meet the multiple needs of these children.

It should be noted that SOC differs from the Interdepartmental Initiative, as SOC is absent of any formal contracts. SOC is a collaborative effort, made up of multi-agencies who provide services to individual cases in their communities, on an as needed basis.

Roundtable Discussions

Strengths Identified

- *Missouri has a history of collaborating with other agencies when considering policy and practice changes.*
- *Family to Family initiative in St. Louis is successful.*

Challenges Identified

- *Resources are needed for collaborating to be successful.*
- *More outcome data is needed from various initiatives.*
- *There are children in state custody because the child needs mental health care and families do not have the means to provide. Missouri is developing an approach to meet needs of children with mental health issues without taking custody.*
- *All initiatives are not accessible statewide.*

Recommendations for Improvements

1. Provide financial resources to support initiatives that demonstrate progress through outcome data.
2. Increase outcome data to demonstrate the successfulness of Missouri's initiatives.
3. Continue to review and address how children in Missouri can receive help for their mental health issues.

F.3 Contracts with Other Agencies. Does the agency have any agreements in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions? If so, how are services provided under the agreements or contracts monitored for compliance with State plan requirements or other program requirements and accurate eligibility determinations made, where applicable?

Family Reunification and Family Preservation Programs

IV-B funding is utilized to provide Family Reunification and Family Preservation services through contracted providers. These are short-term, intensive services geared toward reunification and the prevention of out-of-home placements. Such services are competitively bid. While the contracts expire on an annual basis, renewal options are built in. Outcomes related to child safety, improved family/child functioning, child permanency/family continuity, and family satisfaction is specified in the contracts.

Missouri Intensive In-Home Services' (IIS) goal is "to maintain a child safely at home when there is imminent risk of an out-of-home placement. The following data is from our IIS services:

	2001	2002
Number of Families Accepted	1,654	1,610
Number of targeted At-Risk Children Served	3,389	3,332
Number of Total Children Served	4,368	4,181
Number of Children Rejected Due to No Opening	1,118	957

Child Safety

90 % of families shall not have confirmed CA/N during IIS interventions	92%	89.8%
85% of families shall not have confirmed CA/N within 3 months following IIS intervention	88%	79%
80% of families shall not have confirmed CA/N within 12 months following IIS intervention	64%	60.9%

Child Permanency

90 % of children shall not be placed out of home during IIS intervention	95%	94.6%
85% of children shall not be placed out of home	86%	87.7%

within 3 months following IIS intervention		
80% of children shall not be placed out of home within 12 months following IIS intervention	77%	78.7%

The above chart on child safety illustrates one of the expected outcomes for IIS, which is to reduce confirmed CA/N reports on children served through IIS. This chart shows the expected outcome compared to the actual outcome for 2001 and 2002. The chart on child permanence is another of the expected outcomes for children served by IIS, which is to reduce the number of placements post termination of IIS. This chart compares the expected outcome to the actual outcome.

Foster Care and Adoption Programs

IV-E funding is utilized for the foster care and adoption programs. This includes reimbursement for room and board, non-recurring adoption expenses, recruitment of providers, training of foster parents, and contracted case management. Funding is also utilized for residential treatment per diems, training of residential treatment providers, independent living program, system enhancements required by SACWIS, and contracts with the juvenile courts. When services are paid on behalf of a specific child, there is a IV-E eligibility determination. For services such as foster parent training which benefit non-IV-E eligible children as well as those who are eligible, the portion of the costs charged to IV-E is calculated by allocating these costs by the portion of the population served who are IV-E eligible. Finally, services such as system enhancements can be charged to IV-E as an allowable administrative cost.

Payments for room and board and other adoption expenses are authorized through contracts with foster/adoptive parents and residential treatment providers. While payments for residential treatment are typically for those children in the custody of the Division, there are five contracts which allow for the payment of residential treatment services for children in the custody of the Juvenile Court. These contracts are with juvenile or family courts throughout the state. Monthly reports are submitted by the Court to document the number of dates the children are placed in the residential facility. The Division then determines the appropriate IV-E reimbursement for the placement. In addition, there are agreements in place which allow the Division to pass along IV-E reimbursement for eligible training costs for residential treatment providers. Such training is geared toward increasing staff's ability to provide support and assistance to foster and adopted children. The residential treatment facilities submit regular reports to document the types of training, the number of staff attending and the cost associated with the training. These contracts can be renewed on an annual basis.

Foster Care and Adoption Provider Recruitment and Case Management

Recruitment and training of alternative care providers and case management services are competitively bid. As of April 2003, the case management services were serving in Jackson County, 145 families/369 children; St. Louis County, 231 families/288 children; St. Louis City, 363 families/692 children. Contractors are paid to recruit foster and adoptive parents and to train foster parents in competencies which will allow them to provide quality care to foster children. The case management contracts are designed to assist the Division in moving children toward permanency. The contract defines how

many families can be served at any given time. Cases must be replaced on a one to one basis within 3-5 days unless otherwise requested by an agency. As such, they are now assigned at random. While the contracts expire on an annual basis, renewal options are built in. There is a statewide goal for increasing the capacity of licensed foster and adoptive parents by 960 families annually, through the recruitment contracts. Monthly reports are to be sent to the area state agency offices which outline recruitment, training and assessment activities. This includes the number of applicants, the number completing training, and the number who have completed an assessment. Outcomes, related to child safety, stability, and permanency, are built into the case management contracts in 2000 and are reported on annually. However, to evaluate performance approximately two and a half years of data is required as some of the measures extend 12 months beyond the 15 months which may be required to achieve permanency. The Division is currently in the process of evaluating each contractor's performance. In addition, case management agencies are monitored on an on-going basis through a quarterly peer record review process, monthly review of case narratives and case plans, and through the statewide quality assurance efforts which can include cases pulled at random for practice development reviews.

With Federal outcomes now established, performance standards in the case management contracts will likely be revised as the contracts are renewed in July, 2004. There are also plans to include performance measures in all state and federally funded contracts that do not currently contain them.

Juvenile and Family Court

There are also contracts with the Juvenile Court which are designed to expedite permanency. These contracts are with juvenile or family courts throughout the state. The contracts are used to fund deputy juvenile officers, guardian ad litem or paraprofessionals with the goal of ensuring effective team planning and timely court proceedings. Outcomes measures of reduced lengths of stay for children in care and a reduction in those returning to care are specified in the contracts. In addition, there are some contracts which pay juvenile court staff for home studies which the Division has been court-ordered to complete. These contracts can be renewed on an annual basis.

Domestic Violence

The division receives a federal formula grant through Title III of Public Law 98-457 for the prevention and treatment of family violence. The Division contracts with 55 domestic violence organizations in order to provide these federally funded services. In addition, the Division receives state funds to help support Family Violence Services. The Division currently contracts with 65 community-based providers throughout the state, who provide statewide domestic violence training, technical assistance, and service monitoring.

Through the assistance of a federal grant, Missouri provided statewide training on family violence during SFY-00 to Department of Social Services and community family violence shelter staff. The goals of the training were to better enable staff to appropriately assist family members who are impacted by family violence. Even though

the grant has been expended, Children's Services continues work in conjunction with Income Maintenance, Child Support Enforcement, and domestic violence service providers to make this training available on a quarterly basis.

St. Louis County has partnered with the Family Court of St. Louis and area domestic violence service providers to obtain a grant through the Departments of Justice and Health and Human Services. This consortium is one of six demonstration projects across the country. The initiative will focus on cross training of staff, development of coordinated policies, development of secure ways to share information and protect confidentiality, create community awareness, and develop culturally competent services. Desired outcomes include increased safety and well-being for victims, increased accountability for offenders, a comprehensive community service system, and implementation of best practices as outlined in *Effective Intervention in Domestic Violence & Child Maltreatment: Guidelines for Policy and Practice* (Policy document written by the Division).

Independent Living Program

The Independent Living Program provides transitional living for eligible youth, classroom instruction, and services through Chafee, which provide such aftercare services such as housing, educational reimbursement etc. The contracts which provide transitional living and classroom instruction are competitively bid, with renewal options built in. Services provided through Chafee can be renewed each year.

Roundtable discussions:

Strengths Identified

- *Missouri is currently in the beginning stages of developing performance based contracts.*
- *Missouri is tracking data for youth in care.*

Challenges Identified

- *Databases are not complete for collection of data.*
- *Performance-based contracts currently in infancy therefore using traditional contracts.*

Recommendation for Improvements

1. *Complete data bases for further additional data collection desired.*

F.4. Compliance with Indian Child Welfare Act. *Citing any data available, discuss how effective the State has been in meeting State plan requirements for determining whether children are American Indian and ensuring compliance with the Indian Child Welfare Act.*

Tribal Councils

No Indian tribal councils or headquarters exists in Missouri, and there are no state recognized tribes. There are, however, residents of the state who are members of tribes

located outside of Missouri. The 2000 U.S. Census reports Missouri with a total population of 5,595,211 including 0.4% who are identified as American Indian or Alaska Native. In reviewing the statistics for families served by the Children's Division, there are a total of 11,160 families receiving services in August 2003, and 59 (0.5%) are identified as American Indian/Alaska Native. The total number of children in alternative care was 11,584 with 29 (0.3%) children identified as American Indian/Alaska Native.

Missouri policy requires the terms of the Indian Child Welfare Act be followed in all case where the child or family is identified as being Indian. The thrust of the Act causes courts and agencies to recognize Indian membership and heritage in two ways: a) Native American tribes, wherever possible, will have jurisdiction over child custody proceedings; and (b) legal safeguards are established when child custody proceedings remain with the Missouri juvenile court. In any juvenile court proceedings, the Native American/Indian custodian or tribe of the child has the right to intervene at any point. Notice of any proceedings must be served to either parent, Indian custodian, tribal council or the Secretary of the Interior, Bureau of Indian Affairs. For Missouri this office is:

Indian Child Welfare Services
Bureau of Indian Affairs
Muskogee Area Office
5th & Okmulgee
Muskogee, OK 74401-4898
(918) 687-2517

Additionally, Missouri is served by three Indian Centers serving different areas of the state that function as advocates and administrators for the Indian Child Welfare Act. They are:

St. Louis:	American Indian Center of Mid-America 4115 Connecticut St. Louis, MO 63116 (314) 773-3316
Kansas City:	Heart of America Indian Center 1340 E Admiral Boulevard Kansas City, MO 64106 (816) 421-7608
Springfield:	Southwest Missouri Indian Center 2422 West Division Springfield, MO 65802 (417) 869-9550

These Indian centers provide social and child welfare services to Indian children and families within their respective area. They, also, provide assistance in determining any family or child's Indian tribal membership. They will provide assistance outside of their immediate catchments area. If a division employee knows or suspects that a Native American child is in alternative placement or about to be placed in alternative placement they are required by policy to notify the agency and allow them to intervene or act as they

find appropriate. Some tribes may agree to allow the local juvenile court to have legal jurisdiction in order to provide financial needs of the child.

A review of the Indian Child Welfare Act is included in the initial basic training for all Children's Service Workers. The Missouri State Court Administrators office includes the Indian Child Welfare Act in the training that they provide to juvenile officers and juvenile court judges.

Roundtable Discussion

Strengths identified

- *Tribal offices are contacted when knowledge of Indian heritage is determined.*
- *The Indian Centers all report good communications and working relationships with the Division.*
- *All service worker staff receive information and training on the Indian Child Welfare Act.*
- *Training is provided by Missouri Office of State Court Administrators to juvenile court personnel.*

Challenges Identified

- *The limited Indian population means that many service workers have a limited exposure to cases involving the Indian Child Welfare Act and may not follow policy.*
- *Many children and families may be of Indian heritage, but not always readily identified in the system as such.*
- *While the numbers of children of Indian heritage are small, none of the alternative care children identified as Indian are placed in Indian foster homes.*

Recommendations for Improvement

1. *Policy should reflect need to consider cultural differences in evaluating circumstances of Indian families and reflect efforts to avoid break-up of these families.*
2. *Inquires about Indian heritage should be required before any preliminary protective custody hearings.*
3. *The Indian centers should be invited to give training seminars at statewide conferences.*